TRAVEL EXPENSE CLAIM See Instructions and Privacy STD 262 (REV 10/92) Statement on Reverse Side											Page	1	of	V 1	
CLAIMANT'S NAME						SSAN OR EMPLOYEE NUMBER DEPARTME					NT				
Eric Swedlund POSITION CB/ID NUMBER						DIVISION OR BUREAU Washin					agton DC Office				
Deputy Director															
RESIDENCE ADDRESS						HEADQUARTERS ADDRESS					TELEPHONE NUMBER				
CITY		STATE		ZIP		CITY				STATE			ZIP		
		14													
					MEALS				TF	ANSPORTATI	ON				
month/year Nov-09		LOCATION WHERE EXPENSES	LODGING				INCIDENTALS	COST OF		CARFARE, TOLLS,	DDIVATE	CAR USE	BUSINESS	50 (0.0000000000000000000000000000000000	
DATE	TIME	WERE INCURRED	LODGING	BREAKFAST	LUNCH	DINNER	INCIDENTALS	TRANS.	TYPE USED	PARKING	MILES	AMOUNT	EXPENSE	FOR DAY	
	37,455	Washington DC								35.00		0.00		25.00	
02-Nov		Washington, DC								23.00		0.00		35.00	
03-Nov		Washington, DC								20.00		0.00		20.00	
04-Nov		Washington, DC								22.00		0.00		22.00	
05-Nov		Washington, DC								20.00		0.00		20.00	
\ 												0.00		0.00	
												0.00		0,00	
The state of the s												0.00		0.00	
												0.00		0,00	
		 										0.00		0.00	
												0.00		0.00	
						4.						0.00		0.00	
												0.00		0.00	
												0.00		0.00	
	SUBT	OTALS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	97.00	0	0.00	0.00		
COLUMN CODE (ACCTG. USE ONLY)			改製物		The Leave of	7 62.9	As views	19 mm 19	048 TO		William 4	E CLEAN	100		
	CLAIN	1 TOTAL									\$97.00				
		IP, REMARKS AND				nen requir	ed)				NORMAL \	ORMAL WORK HOURS			
travel to and from meetings for the month of November											PRIVATE VEHICLE LICENSE NUMBER				
										MILEAGE RATE CLAIMED 0.445					
											AGENO	Y ACCO	JNTING C	OFFICE	
I HEREBY (CERTIFY, TI	nat the above is a true state	ement of the t	ravel expense	es incurred b	y me in acco	rdance with D	PA rules in t	he service of	the State of		USE	ONLY		
355.511 SS 92		owned vehicle was used a								qual to or	PAID BY	REVOLVING F	UND CHECK	NUMBER	
		imed, and that I have met t ety and seat belt usage.	the requireme	ents as prescr	ibed by SAM	Sections 07	50, 0751,075	2, 0753 and (0754		2	408	15		
CLAIMANT'S		ery and sear ben usage.			DATE		SIGNATURE	OF OFFICER	APPROVING 1	RAVEL AND	PAYMENT	100	DATE		
							Ž.						12-11	-69	
SIGNATURE	OF TITLE OF	AUTHORITY FOR SPECIAL	EXPENSES				<u> </u>						DATE /	,	
											4		12/21	109	